

MAMARONECK JUNIOR SOCCER LEAGUE (MJSL)

Player Tryout Form

PLEASE PRINT ALL INFORMATION

Player First Name: _____ Player Last Name: _____

Player Date of Birth: month/day/year _____ Player Sex: Male _____ Female _____

Player Address Street: _____

City: _____ Zip: _____

Mother's Name: _____ Cell phone #: _____

Father's Name: _____ Cell phone #: _____

E-Mail Address: _____

Home Phone: _____

Medical Information: _____

I understand that the purpose of this tryout is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for. I understand that players are required to play in their age group.

If the above named Player is a minor, I, as the Parent or Guardian of the Player, hereby give my permission for the Player to participate in any and all programs and activities of the Mamaroneck Junior Soccer League (the "Programs"). I assume all risks and hazards incidental to the conduct of the Programs and transportation to and from the Programs which transportation I hereby authorize. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USS and its affiliates, including the MJSL, accepting the Player for its Programs, I hereby release, discharge and/or otherwise indemnify the USYS/USS, its affiliated organizations, including the State Youth Association, the Westchester Youth Soccer League and the Mamaroneck Junior Soccer League, their employees and associated personnel, the owners of fields and facilities utilized for the Programs, and also the officers, directors, trustees, leaders, volunteers, coaches, trainers and agents of the State Youth Association, the Westchester Youth Soccer League, the MJSL and/or any affiliated club against any claim by or on behalf of the Player and/or the Player's parents, guardians and other relatives as a result of the Player's participation in the Programs and/or being transported to or from the same.

MJSL needs parents to actively volunteer with the club. Parents, are you interested in the following? Please check the appropriate box.

_____ Head Coach _____ Assistant Coach _____ Team Manager

Parent or Guardian Signature: _____ Date: _____

QUESTIONS ABOUT THE TRAVEL SOCCER PROGRAM: PLEASE REFER TO OUR WEBSITE AT MJSL.ORG.

**JOIN THE FUN! TAKE IT TO THE NEXT LEVEL!
TRYOUT FOR MJSL TRAVEL!**